



## START Employer Information Survey

Your Name: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Your e-mail address: \_\_\_\_\_

Contact information for other staff in your agency to receive information regarding START:

Name	Job Title	E-mail address

1. With the implementation of START, how will your agency complete its monthly report?  
A. File  
B. Secure Website  
(If you have questions regarding these methods, please call 1-888-696-8810, option 4)
2. Does another agency/third party prepare your monthly report to KRS?  
\_\_\_\_\_ If yes, please list the name of the entity. \_\_\_\_\_
3. Does another agency/third party submit your monthly report to KRS?  
\_\_\_\_\_ If yes, do they also remit your payments? \_\_\_\_\_ If yes to either question, please list the name of the entity. \_\_\_\_\_
4. Do you prepare the report for another agency? \_\_\_\_\_ If yes, please list the name of the agency. \_\_\_\_\_
5. Do you submit the monthly report and/or monthly payments for another agency to KRS? \_\_\_\_\_ If yes, please list the name of the agency. \_\_\_\_\_
6. Including non-participating employees, please give the approximate number of employees you anticipate reporting with the implementation of START. \_\_\_\_\_